3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

January 15, 2021

A ----

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project # P	ostmark		Date Received		Notification #			
I. Type of Notification (check or	ne):	Original	✓ Revised	Cano	celed			
II. Facility Description	IEI INO OTAT	1011						
Building Name: WAREHOUSE FUR Address: 728 COURT STREET	JELING STAT	ION						
	C	NY	7. 0.1	11221	- PPOC	NZI VN		
Site Location : ROOF	St	ate:	Zip Code: _	11231	County: BROC	JKLYN		
Building Size (square feet):			of Elean. 1		E			
D COMMEDIAL					Age in Years: 50			
III. Type of Operation (check one		Ordered Der	no Renovati	on Emergenc	y Penovation	Fire Training		
IV. Is Asbestos Present? (check o		No	no ichovati	on Emergenc	y Kellovation	rife Training		
V. Facility Information								
Owner Name: BUCKEYE	TERMINALS,	FIVE TEK P	ARK					
Address: 9999 HAMILTON	Address: 9999 HAMILTON BLVD							
City: BREINIGSVILLE			State: PA	Zij	Code: 18031			
Contact: GREGORY PETF	RY SR.	Telep	hone: (610) 904	4-4401	Fax:			
Removal Contractor Name: FIBER CONTROL, INC.								
Address: 3010 BURNS AVENUE								
City: WANTAGH	State Zip Code. 11700							
Contact: PETER GRANDE		Telepl	none: (516) 781	1-3000	Fax: (516) 781-3085			
Other Operator (demolition	/general):							
Address:								
City:			State:	Zip	Code:			
Contact:		Telepl	none: ()		Fax:			
VI. Procedure, including analytica	l methods, empl	oyed to detec	t the presence of	and to estimate th	e quantity of RA	CM and		
Category I and Category II no	n-friable ACM:							
P/M SAMPLING								
VII. Approximate Amount of Asbes	stos Materials:							
			Non-friable Asb	estos Material	Non-friable Asl	pestos Material		
	RACM to be	Removed	to be Re		NOT to be			
			Category I	Category II	Category I	Category II		
Pipes (linear feet)								
Surface Area (square feet)	180)						
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition or	Renovation:	Start:		Complete:				
IX. Dates for Asbestos Removal (N	MM/DD/YY)	Start: 01	/21/21	Complete:	01/20/22			
Days of the Week: Monday	Tuesday	Wednesday		Friday	Saturday	Sunday		
Hours of Operation: 7AM-3:30PM	•					Januay		

X.	Descripti or renova	on of planned Demolition or Renovation work to atton techniques to be used and description of aff	be performed and fected facility con	d method(s) to be emp aponent s:	oloyed, including demolition
XI.	Description	on of work practices and engineering controls to and waste handling emission control procedures:	be used to comply	y with the requiremen	its, including asbestos
Full contr		•			0
Full conta	ainment, negativ	e air filtration, wet removal, wet cleaning, HEPA vacuum cleand	qu		4
XII.	Waste Tr	ansporter #1			
	Name:	CARDELLA TRUCKING CO., INC.			
	Address:	2400 TONNELLE AVENUE			
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047
	Contact:		Telephone:	(201)867-7276	
		ansporter #2			
	Name:				
	Address:				
	City:		State:		Zip Code:
VIII	Contact:		Telephone:	()	
XIII.	Waste Dis				
	Name:	WASTE MANAGEMENT - FAIRLESS LAN	DFILL		
	Address:	1000 BORDENTOWN ROAD			
	City: Contact:	MORRISVILLE	State:		Zip Code: 19067
XIV.		D. Wd. (Telephone:	(800) 963-4776	
XIV.		y Demolition (complete Item XIV only if this projectach a copy of the Order to this notice.	ct is an Emergenc	y Demo.)	
		une of Authority Issuing Order:		Title:	
		nthority of Order (Citation of Code):		Title:	
		te of Order (MM/DD/YY):		Date C	Ordered to Begin
XV.	Emergenc	y Renovation (Attach separate sheet with the follow	wing information		
	1. Da	te and Hour of the Emergency:		,	,
		scription of the Sudden, Unexpected Event:			
	3. Ex	planation of how the event caused unsafe condition	s or equipment da	mage or an unreasonab	le financial burden.
XVI.	Descriptio	n of procedures to be followed in the event that		M: C) C:	11 (615)
12 1 1	crumbled,	n of procedures to be followed in the event that upulverized, or reduced to powder.	inexpected RAC	VI is found or non-fria	able ACM becomes
Full co	ontainmei	nt, negative air filtration, wet removal	, wet cleanin	g, HEPA vacuun	n cleanup
XVII.	I certify th	at an individual trained in the provisions of NES	HAP (40 CFR PA	RT 61, SUBPART M) will be on -site during the
	D	emolition or Renovation, and evidence that the re	equired training l	has been accomplished	d by this person will be
	$\left(\right)^{a}$	vailable during normal business hours.			
	1	O COULLY	01/15/20	Peter Grande	
		Signature of Owner/Operator	Date	Type or Prin	nt Name and Title
хуш.	I acknowle	dge the existence of laws prohibiting the submis	sion of false or m	isleading statements,	and I certify that facts
		ontained in this notification are true, accurate, an	id complete.		
,	(1)	Made	01/15/20	Peter Grande	
		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

January 6, 2021

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project #	Po	ostmark		D	ate Received			Notification #	
I. Type of Notifi	cation (check on	e): 🗸 Oi	riginal		Revised		Cance	eled	
II. Facility Des Building Name: WA		JELING STATIO	ON						
Address: 728 COL	JRT STREET								
City: BROOKLYN		Sta	te: NY		Zip Code: _	1123	31	County: BROOM	KLYN
Site Location : ROO	F								
Building Size (square	feet):		#	of F	loors: 1		A	age in Years: 50	
Present Use: COMN	MERCIAL		P	rior l	Use:				
111.): Demo			Renovation	on	Emergency	Renovation	Fire Training
IV. Is Asbestos Present? (check one): V Yes No									
V. Facility Information Owner Name: BUCKEYE TERMINALS, FIVE TEK PARK									
The property of the second	99 HAMILTON		IVE IEK	AK	Λ				
	INIGSVILLE				ο. ΡΛ		-	a . 10021	
								Code: 18031	
	Contact: GREGORY PETRY SR. Telephone: (610) 904-4401 Fax:								
Removal Contractor Name: FIBER CONTROL, INC. Address: 3010 BURNS AVENUE									
City: WANTAGH State: NY Zip Code: 11793									
								Fax: (516) 781	3085
								rax. (010) 101	
		//general)							
								Code:	
								Fax:	

	cluding analytica d Category II no		oyed to dete	ct th	e presence of	and	to estimate th	e quantity of RA	CM and
P/M SAMPLING	-								
VII. Approximate	Amount of Asbe	stos Materials:							
		RACM to be	Removed	N	on-friable Ast to be Re			Non-friable Ash NOT to be	
				(Category I	C	ategory II	Category I	Category II
Pipes (linear feet)	ARREST A. D. VIII. B. H. P. B.								
Surface Area (square	feet)	1800)						
Facility Components	(cubic feet)								
VIII. Scheduled Da	tes Demolition o	r Renovation:	Start:				Complete:		
IX. Dates for Asb	estos Removal (MM/DD/YY)	Start: C	1/18	3/21		Complete:	01/17/22	
Days of the Week:	Monday	Tuesday	Wednesda	ay	Thursday		Friday	Saturday	Sunday
Hours of Operation:	7AM-3:30PM	7AM-3:30PM	7AM-3:30	РМ	7AM-3:30P	M	7AM-3:30PM		

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:						
	0	and teeningues to so used and essentially	eteu raemej com	ponents.			
XI.		on of work practices and engineering controls to be and waste handling emission control procedures:	e used to comply	y with the requirement	ts, including asbestos		
Full contai	inment, negativ	ve air filtration, wet removal, wet cleaning, HEPA vacuum cleanup)				
XII.	Waste Tr	ansporter #1		and the second s			
	Name:	CARDELLA TRUCKING CO., INC.					
	Address:	2400 TONNELLE AVENUE					
	City:	NORTH BERGEN		NJ	Zip Code: 07047		
	Contact:		Telephone:	(201)867-7276			
- 465		ansporter #2	_				
	Name:						
	Address:			3.48			
+	City:		State:		Zip Code:		
	Contact:		Telephone:	()			
XIII.	Waste Dis						
	Name: 110 SAND COMPANY CLEAN FILL DISPOSAL SITE						
	Address:	136 BETHPAGE- SPAGNOLI ROAD					
	City:	MELVILLE	State:	NY	Zip Code: 11747		
	Contact:						
XIV.		cy Demolition (complete Item XIV only if this projec	et is an Emergenc	y Demo.)			
		attach a copy of the Order to this notice.		******			
		lame of Authority Issuing Order:		Title:			
		authority of Order (Citation of Code):		D-4-6			
XV.		Pare of Order (MM/DD/YY):	·		Ordered to Begin		
Av.		cy Renovation (Attach separate sheet with the follow tate and Hour of the Emergency:	ving information	if project is Emergency	Renovation.)		
		Description of the Sudden, Unexpected Event:					
		xplanation of how the event caused unsafe conditions	s or equipment da	image or an unreasonab	ole financial burden.		
			•				
XVI.	Descriptio	on of procedures to be followed in the event that ur	nexpected RAC!	M is found or non-fria	able ACM becomes		
	crumbled,	, pulverized, or reduced to powder.					
Full co	ntainme. 	ent, negative air filtration, wet removal,	, wet cleanin	ıg, HEPA vacuun	n cleanup		
XVII.	I certify th	hat an individual trained in the provisions of NESH	HAP (40 CFR PA	ART 61, SUBPART M) will be on -site during the		
	D a	Demolition or Renovation, and evidence that the re- available-during normal business hours.	quired training	has been accomplished	d by this person will be		
	1	A Justice and the man pushess nours.					
		O laure	01/06/21	Peter Grande			
		Signature of Owner/Operator	Date	Type or Pri	int Name and Title		
XVIII.		ledge the existence of laws prohibiting the submiss		nisleading statements,	and I certify that facts		
	19	contained in this notification are true, accurate, and	d complete.				
	11	(Tilledo	01/06/21	Peter Grande			
	0	Signature of Owner/Operator	Date	Type or Pri	int Name and Title		

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

February 1, 2021

1 p 12 7

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project #		Postmark		Date Received		Notification #		
I. Type of No	ification (check	one):	riginal	Revised	Cano	eled		
II. Facility I Building Name: E	escription OILER PLANT	6						
Address: 750 C	OURT STREET							
City: BROOKLY	N	Sta	nte: NY	Zip Code:	11231	County: BROO	KLYN	
Site Location : RO								
Building Size (squ	re feet):		#	of Floors: 1		Age in Years: 50		
Present Use: COI	MERCIAL		Pr	ior Use:				
III. Type of Op	eration (check or	ie): 🖊 Demo 🗌	Ordered Den	no Renovati	on Emergenc	y Renovation [Fire Training	
IV. Is Asbestos	Present? (check	one): Yes	☐ No					
	nformation					el		
Owner Name: BUCKEYE TERMINALS, FIVE TEK PARK Address: 9999 HAMILTON BLVD								
_								
	EINIGSVILLE				Zi			
		TRY SR.		hone: (610) 90	4-4401	Fax:		
Removal Contractor Name: FIBER CONTROL, INC.								
Address: 3010 BURNS AVENUE								
	City: WANTAGH State: NY Zip Code: 11793 Contact: PETER GRANDE Telephone: (516) 781-3000 Fax: (516) 781-3085							
Contact:	ETER GRANI)E	Telepl	hone: (516) 78	1-3000	Fax: (516) 781	-3085	
Other Op	erator (demoliti	on/general):						
Address:								
City:				State:	Zi	p Code:		
Contact: _			Telep	hone: ()		Fax:		
		cal methods, empl	oyed to detec	t the presence of	and to estimate the	ne quantity of RA	CM and	
P/M SAMPLIN								
Y777 A								
VII. Approximat	e Amount of Asi	estos Materials:						
		RACM to be	Removed		bestos Material emoved	Non-friable Asl NOT to be		
				Category I	Category II	Category I	Category II	
Pipes (linear feet)								
Surface Area (squa	re feet)	300	0					
Facility Componen	s (cubic feet)							
VIII. Scheduled	Dates Demolition	or Renovation:	Start:		Complete	:		
IX. Dates for A	sbestos Remova	(MM/DD/YY)	Start: 02	2/08/21	Complete	02/07/22		
Days of the Week:	Monday	Tuesday	Wednesday	y Thursday	Friday	Saturday	Sunday	
Hours of Operation	7AM-3:30P	7AM-3:30PM	7AM-3:30F	PM 7AM-3:30F	PM 7AM-3:30PM	1		

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:								
XI.	Description removal a	on of work practices and engineering controls to build waste handling emission control procedures:	e used to comply	y with the requiremen	ts, including asbestos				
Full conta	inment, negativ	re air filtration, wet removal, wet cleaning, HEPA vacuum cleanup)						
XII.	Waste Tr	ansporter #1							
	Name:	CARDELLA TRUCKING CO., INC.							
	Address:	ss: 2400 TONNELLE AVENUE							
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047				
	Contact:		Telephone:	(201)867-7276	-				
	Waste Tr	ansporter #2							
	Name:								
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone:	()					
XIII.	Waste Dis	sposal							
	Name:	WASTE MANAGEMENT - FAIRLESS LAND	FILL						
	Address:	1000 BORDENTOWN ROAD			2000				
	City:	MORRISVILLE	State:	PA	Zip Code: 19067				
	Contact:		Telephone:	(800) 963-4776					
XIV.		cy Demolition (complete Item XIV only if this project	et is an Emergenc	y Demo.)					
		ttach a copy of the Order to this notice.							
		ame of Authority Issuing Order:	N	Title:					
		uthority of Order (Citation of Code): ate of Order (MM/DD/YY):		Data C	Andanad to Danin				
XV.			·· ··- ··- ··-	Many.	Ordered to Begin				
AV.		cy Renovation (Attach separate sheet with the followate and Hour of the Emergency:	ving information	if project is Emergency	Renovation.)				
		escription of the Sudden, Unexpected Event:							
		xplanation of how the event caused unsafe conditions	or equipment da	mage or an unreasonab	le financial burden.				
XVI.		on of procedures to be followed in the event that u pulverized, or reduced to powder.	nexpected RAC	M is found or non-fria	able ACM becomes				
		nt, negative air filtration, wet removal							
XVII.	I	hat an individual trained in the provisions of NESI Demolition or Renovation, and evidence that the re							
	a	vailable during normal business hours.							
	1	Jase	02/01/21	Peter Grande					
		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title				
XVIII.		edge the existence of laws prohibiting the submiss		nisleading statements,	and I certify that facts				
	(P)	contained in this notification are true, accurate, an	d complete.						
	14	Dayal O	02/01/21	Peter Grande					
	V	Signature of Owner/Operator	Date	_	nt Name and Title				

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

March 2, 2021

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project # Po	ostmark		Date Received		Notification #				
I. Type of Notification (check on	e): O	riginal	✓ Revised	_ Car	celed				
II. Facility Description Building Name: BOILER PLANT									
Address: 750 COURT STREET									
City: BROOKLYN	Sta	ite: NY	Zip Code:	11231	County: BROO	KLYN			
Site Location : ROOF, EXTERIOR			-						
Building Size (square feet):		#	of Floors: 1		Age in Years: 50				
Present Use: COMMERCIAL		P	rior Use:						
III. Type of Operation (check one		Ordered De	mo Renovat	ion Emergen	cy Renovation [Fire Training			
IV. Is Asbestos Present? (check o	ne): 🗸 Yes	☐ No							
V. Facility Information									
Owner Name: BUCKEYE TERMINALS, FIVE TEK PARK									
Address: 9999 HAMILTON									
City: BREINIGSVILLE			State: PA	Z	ip Code: 18031				
Contact: GREGORY PETE				4-4401	_ Fax:				
Removal Contractor Name: FIBER CONTROL, INC.									
Address: 3010 BURNS AVENUE									
City: WANTAGH State: NY Zip Code: 11793									
Contact: PETER GRANDE		Telep	phone: (516) 78	1-3000	Fax: (516) 781	-3085			
Other Operator (demolition	/general):								
Address:									
City:			State:	Z	ip Code:				
Contact:		Telep	ohone: ()		_ Fax:				
VI. Procedure, including analytica		oyed to dete	ct the presence of	f and to estimate	the quantity of RA	CM and			
Category I and Category II no P/M SAMPLING	II-IFIADIE ACMI:								
F/W SAWFLING									
VII. Approximate Amount of Asber	stos Materials:		Salara Chi. S. S. and Sarana						
			Non-friable As	bestos Material	Non-friable Asl	pestos Material			
	RACM to be	Removed	to be R	emoved	NOT to be	Removed			
			Category I	Category II	Category I	Category II			
Pipes (linear feet)									
Surface Area (square feet) 3075									
	3073	Facility Components (cubic feet)							
Facility Components (cubic feet)	307								
		Start:	*	Complet	re:				
Facility Components (cubic feet)	r Renovation:	100000000000000000000000000000000000000	2/08/21	Complet					
Facility Components (cubic feet) VIII. Scheduled Dates Demolition of	r Renovation:	Start: Start: 0				Sunday			

X.	Description or renova	on of planned Demolition or Renovation work to lation techniques to be used and description of aff	be performed and ected facility com	l method(s) to be empl ponent s:	oyed, including demolition
XI.	Description removal a	on of work practices and engineering controls to l and waste handling emission control procedures:	be used to comply	with the requirement	ts, including asbestos
Full conta	inment, negativ	e air filtration, wet removal, wet cleaning, HEPA vacuum cleanu	ıp		
XII.	Waste Tra	ansporter #1			
	Name:	CARDELLA TRUCKING CO., INC.			
	Address:	2400 TONNELLE AVENUE	101		
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047
	Contact:		Telephone:	(201)867-7276	
	Waste Tra	ansporter #2			
	Name:			10 m	
	Address:			30.00	
	City:		State:		Zip Code:
	Contact:		Telephone:	()	
XIII.	Waste Dis	posal			,
	Name:	WASTE MANAGEMENT - FAIRLESS LANI	DFILL		
	Address:	1000 BORDENTOWN ROAD			
	City:	MORRISVILLE	State:	PA	Zip Code: 19067
	Contact:		Telephone:	(800) 963-4776	
XIV.		y Demolition (complete Item XIV only if this proje	ect is an Emergency	y Demo.)	
		tach a copy of the Order to this notice.			
		ame of Authority Issuing Order:		Title:	
		uthority of Order (Citation of Code):		2	
XV.		ate of Order (MM/DD/YY):			ordered to Begin
Av.		y Renovation (Attach separate sheet with the followate and Hour of the Emergency:	wing information i	if project is Emergency	Renovation.)
		escription of the Sudden, Unexpected Event:			
		splanation of how the event caused unsafe condition	s or equipment day	mage or an unreasonab	le financial burden
			1		ie ilianolai oaraeli.
XVI.	Descriptio crumbled,	n of procedures to be followed in the event that u pulverized, or reduced to powder.	inexpected RACN	M is found or non-fria	ble ACM becomes
		nt, negative air filtration, wet removal			
XVII.	D	nat an individual trained in the provisions of NESD Demolition or Renovation, and evidence that the revailable during normal business hours.	HAP (40 CFR PA equired training I	RT 61, SUBPART M) has been accomplished	will be on -site during the I by this person will be
; -	(X)	Marlle	03/02/21	Peter Grande	
		Signature of Owner/Operator	Date	Type or Prin	nt Name and Title
хуш.	I acknowle	edge the existence of laws prohibiting the submis	sion of false or m	isleading statements,	and I certify that facts
		ontained in this notification are true, accurate, ar	1d complete.		
_	7	andl	03/02/21	Peter Grande	
	V	Signature of Owner/Operator	Date	Type or Prir	nt Name and Title

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

April 5, 2021

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project #		Postmark		Date Receive	d	Notification	#	
	ication (check	one):	Original	✓ Revise	d Can	celed		
II. Facility Des Building Name: BC	_	- 0						
Address: 750 COU								
City: BROOKLYN		S	tate: NY	Zip Code:	11231	County: BRO	OKLYN	
Site Location : ROC						County.		
Building Size (square	e feet):	4		# of Floors: 1		Age in Years: 5	60	
Present Use: COM	MERCIAL					_		
III. Type of Oper	ation (check o	ne): 🖊 Demo 📗			tion Emergence	cy Renovation	Fire Training	
IV. Is Asbestos P	resent? (check	one): Yes	□ No					
V. Facility Info								
		E TERMINALS,	FIVE TEK	PARK				
	999 HAMILTO							
, <u> </u>	INIGSVILLE	TDV CD		State: PA	Zi	p Code: 18031		
)4-4401	Fax:		
Removal Contractor Name: FIBER CONTROL, INC.								
Address: 3010 BURNS AVENUE City: WANTAGH State: NY Zin Code: 11703								
)E		State: NY	Zi			
		DE .				Fax: (516) 78	1-3085	
Address:	ator (demonti	on/general):						
Contact:			T. 1	State:	Zij	p Code:		
VI. Procedure, inc Category I and P/M SAMPLING	Category II i	cal methods, emp non-friable ACM:	loyed to dete	ct the presence o	f and to estimate th	ne quantity of RA	ACM and	
VII. Approximate A	Amount of Ash	estos Materials:						
		RACM to be	Removed		bestos Material emoved		bestos Material Removed	
		· ·		Category I	Category II	Category I	Category II	
Pipes (linear feet)								
Surface Area (square t	feet)	318	7					
Facility Components (,							
VIII. Scheduled Dat	es Demolition	or Renovation:	Start:		Complete			
IX. Dates for Asbe	estos Removal	(MM/DD/YY)	Start: 0	2/08/21	Complete	02/07/22		
Days of the Week:	Monday	Tuesday	Wednesda		Friday	Saturday	Sur J	
Hours of Operation:	7AM-3:30PN						Sunday	
				0.001	17 NVI-0.00F IV			

X.	Description or renova	on of planned Demolition or Renovation work to be ation techniques to be used and description of affe	e performed and cted facility com	d method(s) to be em aponent s:	ployed, including demolition			
XI.	Description removal a	on of work practices and engineering controls to be and waste handling emission control procedures:	e used to comply	y with the requireme	nts, including asbestos			
Full contai		e air filtration, wet removal, wet cleaning, HEPA vacuum cleanup						
XII.	Waste Tra	ansporter #1						
	Name:	CARDELLA TRUCKING CO., INC.						
	Address:	2400 TONNELLE AVENUE						
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047			
	Contact:		Telephone:	(201)867-7276	01041			
	Waste Tra	ansporter #2	_					
,	Name:							
	Address:	v	4					
	City:		State:		Zip Code:			
	Contact:		Telephone:	: (-)				
XIII.	Waste Dis	sposal	341					
	Name: WASTE MANAGEMENT - FAIRLESS LANDFILL							
	Address:	1000 BORDENTOWN ROAD						
	City:	MORRISVILLE	State:	ΡΔ	Zip Code: 19067			
	Contact:			(800) 963-4776				
XIV.	Emergenc	y Demolition (complete Item XIV only if this project						
		ttach a copy of the Order to this notice.						
	2. Na	ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):	1					
		ate of Order (MM/DD/YY):			Ordered to Begin			
XV.	Emergence	y Renovation (Attach separate sheet with the follow	ing information	if project is Emergence	cy Renovation.)			
		ate and Hour of the Emergency:			and the second of the			
		escription of the Sudden, Unexpected Event: explanation of how the event caused unsafe conditions	or aquinment de		11. 6			
	J. D.	plantation of now the event caused unsafe conditions	or equipment da	amage or an unreasona	ible financial burden.			
XVI.	Descriptio	n of procedures to be followed in the event that up pulverized, or reduced to powder.	nexpected RAC	M is found or non-fr	riable ACM becomes			
Full co		nt, negative air filtration, wet removal,	wet cleanin	ng, HEPA vacuu	m cleanup			
XVII.	I certify th	nat an individual trained in the provisions of NESH	IAP (40 CFR PA	ART 61, SUBPART N	(I) will be on -site during the			
	D	Demolition or Renovation, and evidence that the re vailable during normal business hours.	quired training	has been accomplish	ed by this person will be			
	, 4							
		Peter Grands Signature of Owner/Operator	04/05/21	Peter Grande	1			
		Signature of Owner/Operator	Date	Type or Pi	rint Name and Title			
XVIII.	I acknowle	edge the existence of laws prohibiting the submiss ontained in this notification are true, accurate, an	ion of false or m d complete.	nisleading statements	s, and I certify that facts			
		Potas Carada	04/05/24	Doton Court				
	/	Octor Grands Signature of Owner/Operator	04/05/21 Date	Peter Grande	rint Name and Title			
		S Printer	Date	1 ype of Pi	mervaine and Time			

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

April 16, 2021

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

I The Car		Postmark		I	Date Received		Notification #	<i>I</i>	
	ification (check	one):	Original		✓ Revised	Cance	eled		
II. Facility Do Building Name: To									
Address: 679 CC		Γ							
City: BROOKLYI			State: N	Y	Zip Code: 1	1231	County: BROC	OKI YN	
Site Location : EX			State:		_ Zip Code		County: Divoc	JIL III	
Building Size (square	re feet):			# of	Floors: 1		age in Years: 5	0	
Present Use: COM						•			
III. Type of Ope	eration (check o	ne): 🖊 Demo	o Ordere			Emergency		Fire Training	
	Present? (check			No		,			
V. Facility In	formation								
	me: BUCKEY		LS, FIVE T	EK PAF	RK				
_	9999 HAMILTO								
	EINIGSVILLE					Zip			
	REGORY PE				ne: (610) 904-	4401	Fax:		
Removal Contractor Name: FIBER CONTROL, INC. Address: 3010 BURNS AVENUE									
_									
City: WANTAGH State:						Zip	2		
Contact: PETER GRANDE Telephone: (516) 781-3000 Fax: (516) 781-3085									
041 0	Other Operator (demolition/general):								
Address:						7		188	
Address: City:					State:	Zip	Code:		
Address: City: Contact:				Telephor	State:	Zip	Code:		
Address: City: Contact: VI. Procedure, in Category I ar	ncluding analyt nd Category II G	ical methods, non-friable A	employed to CM:	Telephor	State:	Zip	Code:		
Address: City: Contact: VI. Procedure, in Category I ar	ncluding analyt nd Category II G	ical methods, non-friable A bestos Materi	employed to CM:	Telephor	State:	Zip	Code: Fax: e quantity of RA Non-friable As		
Address: City: Contact: VI. Procedure, in Category I ar	ncluding analyt nd Category II G	ical methods, non-friable A bestos Materi	employed to CM: als:	Telephon detect th	State: ne: () ne presence of an	Zip	Code: Fax: e quantity of RA Non-friable As	ACM and	
Address: City: Contact: VI. Procedure, in Category I an P/M SAMPLING VII. Approximate	ncluding analyt nd Category II G	ical methods, non-friable A bestos Materi	employed to CM: als:	Telephon detect th	State: ne: () ne presence of an	Zip nd to estimate the	Code: Fax: e quantity of RA Non-friable As NOT to be	ACM and bestos Material Removed	
Address: City: Contact: VI. Procedure, in Category I ar P/M SAMPLING VII. Approximate	ncluding analyt nd Category II G Amount of As	ical methods, non-friable A bestos Materi	employed to CM: als:	Telephon detect th	State: ne: () ne presence of an	Zip nd to estimate the	Code: Fax: e quantity of RA Non-friable As NOT to be	ACM and bestos Material Removed	
Address: City: Contact: VI. Procedure, in Category I ar P/M SAMPLING VII. Approximate Pipes (linear feet) Surface Area (square Facility Components	e feet)	cal methods, non-friable A bestos Materi RACM	employed to CM: als: to be Remove	Telephon detect th	State: ne: () ne presence of an	Zip nd to estimate the	Code: Fax: e quantity of RA Non-friable As NOT to be	ACM and bestos Material Removed	
Address:	e feet)	cal methods, non-friable A bestos Materi RACM	employed to CM: als: to be Remove	Telephor detect the	State: ne: () ne presence of an	Zip nd to estimate the	Code: Fax: e quantity of RA Non-friable As NOT to be	ACM and bestos Material Removed	
Address:	e feet)	cal methods, non-friable A bestos Materi RACM	employed to CM: fals: to be Remove 1786 on: Sta	Telephor detect the	State: ne: () ne presence of an	zip nd to estimate the stos Material oved Category II	Code: Fax: e quantity of RA Non-friable As NOT to be Category I	ACM and bestos Material Removed	
Address:	e feet) s (cubic feet) ates Demolition	cal methods, non-friable A bestos Materi RACM	employed to CM: fals: to be Remove 1786 on: Star Y) Star	Telephor detect the	State: ne: () ne presence of an	zip nd to estimate the stos Material oved Category II Complete:	Code: Fax: e quantity of RA Non-friable As NOT to be	ACM and bestos Material Removed	
Address: City: Contact: VI. Procedure, in Category I ar	ncluding analyt nd Category II G	ical methods, non-friable A bestos Materi	employed to CM: als:	Telephor	State: ne: () ne presence of an	Zip	Code: Fax: e quantity of RA Non-friable As	ACM and	

X.	Descripti or renova	on of planned Demolition or Renovation work to ation techniques to be used and description of affe	be performed and	d method(s) to be emp	loyed, including demolition
	ME	mon teeningues to be used and description of an	ected facility com	iponents:	
					. 110
XI.	Description removal a	on of work practices and engineering controls to l and waste handling emission control procedures:	be used to comply	with the requiremen	its, including asbestos
Full conta	ainment, negativ	e air filtration, wet removal, wet cleaning, HEPA vacuum cleanu	ıp		
XII.	Waste Tr	ansporter #1			
	Name:	CARDELLA TRUCKING CO., INC.			
	Address:	2400 TONNELLE AVENUE			
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047
	Contact:		Telephone:	(201)867-7276	. 01011
	Waste Tra	ansporter #2			
	Name:				
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	()	
XIII.	Waste Dis	sposal			
	Name:	WASTE MANAGEMENT - FAIRLESS LAND	DFILL		
	Address:	1000 BORDENTOWN ROAD			
	City:	MORRISVILLE	State:	DA	Zip Code: 19067
	Contact:			(800) 963-4776	21p code. 19067
XIV.	Emergenc	y Demolition (complete Item XIV only if this project			
	1. At	ttach a copy of the Order to this notice.	et is an Emicigone.	y Denio.	
	2. Na	ame of Authority Issuing Order:		Title:	
		uthority of Order (Citation of Code):			
		ate of Order (MM/DD/YY):		Date C	Ordered to Begin
XV.	Emergenc	y Renovation (Attach separate sheet with the follow	wing information i	f project is Emergency	Renovation.)
	1. Da	ate and Hour of the Emergency:			
		escription of the Sudden, Unexpected Event:			
	3. DA	planation of how the event caused unsafe conditions	s or equipment dar	mage or an unreasonab	le financial burden.
XVI.	Description crumbled,	n of procedures to be followed in the event that u pulverized, or reduced to powder.	nexpected RACN	M is found or non-fria	ible ACM becomes
	ontainmer	nt, negative air filtration, wet removal			-
XVII.	I certify th	at an individual trained in the provisions of NESI	HAP (40 CFR PA	RT 61, SUBPART M) will be on -site during the
	D	emolition or Renovation, and evidence that the re vailable during normal business hours.	equired training l	nas been accomplished	l by this person will be
		Test of a second			
		1 Wares	04/16/21	Peter Grande	
		Signature of Owner/Operator	Date		nt Name and Title
XVIII.	I acknowle	edge the existence of laws prohibiting the submiss ontained in this notification are true, accurate, an	sion of false or m	isleading statements,	and I certify that facts
		1 Whel	04/16/21	Peter Grande	
		Signature of Owner/Operator	Date	-	nt Name and Title
			1.		

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

February 19, 2021

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Pro	oject#	1	Postmark	411	D	ate Received			Notification #	#
I. Type	of Notifi	cation (check o	ne):	riginal		Revised		Canc	eled	
	· ·									
Building Name: TANK 9414 Address: 679 COURT STREET										
_	City: BROOKLYN State: NY Zip Code: 11231 County: BROOKLYN									
	Site Location: EXTERIOR									
	Building Size (square feet): # of Floors: 1 Age in Years: 50									
	Present Use: COMMERCIAL Prior Use:									
III. Type										
IV. Is Asl										
	cility Info									
			TERMINALS, I	IVE TEK F	PAR	K				
		99 HAMILTO								
		NIGSVILLE	DV CD		_	State: PA		Zip	Code: 18031	
			RY SR.			e: (<u>610)</u> 904	4-44	401	Fax:	
			: FIBER CONT	ROL, INC.						
		10 BURNS A			-	~ NIV				
	: WAN				State: NY 2 phone: (516) 781-3000					
			n/general):							
City:									Codo	
VI. Proced Catego	oure, inc ory I and	luding analytic Category II n	al methods, empl on-friable ACM:	oyed to dete	ct th	e presence of	and	I to estimate th	e quantity of R	ACM and
P/M SAME	PLING									
VII. Appro	oximate A	amount of Asb	estos Materials:							
			RACM to be	Removed	N	on-friable Asb to be Re				sbestos Material e Removed
					(Category I	(Category II	Category I	Category II
Pipes (linear	feet)									
Surface Area	(square t	feet)	600							
Facility Comp	ponents (cubic feet)								
VIII. Sched	luled Dat	es Demolition	or Renovation:	Start:				Complete	:	
IX. Dates	for Asbo	estos Removal	(MM/DD/YY)	Start: 0	3/03	3/21		Complete	03/02/22	
Days of the V	Week:	Monday	Tuesday	Wednesda	ny	Thursday		Friday	Saturday	Sunday
Hours of Ope	eration:	7AM-3:30PM	7AM-3:30PM	7AM-3:30	РМ	7AM-3:30P	M	7AM-3:30PM	1	

X.	Description or renova	on of planned Demolition or Renovation work to be used and description of affection techniques to be used and description of affection to the contract of the	e performed and cted facility com	d method(s) to be emplopenents:	oyed, including demolition
XI.		on of work practices and engineering controls to b nd waste handling emission control procedures:	e used to comply	with the requirement	ts, including asbestos
Full conta	inment, negativ	e air filtration, wet removal, wet cleaning, HEPA vacuum cleanup	•		•
XII.	Waste Tra	ansporter #1			
	Name:	CARDELLA TRUCKING CO., INC.			
	Address:	2400 TONNELLE AVENUE			
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047
	Contact:		Telephone:	(201)867-7276	
	Waste Tra	ansporter #2			
	Name:				
	Address:				
	City:		State:	,	Zip Code:
	Contact:		Telephone:	()	
XIII.	Waste Dis	sposal		200204	
	Name:	WASTE MANAGEMENT - FAIRLESS LAND	FILL		
	Address:	1000 BORDENTOWN ROAD			A SHEETING
	City:	MORRISVILLE	State:	PA	Zip Code: 19067
	Contact:		Telephone:	(800) 963-4776	
XIV.	Emergenc	y Demolition (complete Item XIV only if this projec	et is an Emergenc	y Demo.)	
		tach a copy of the Order to this notice.			
		ame of Authority Issuing Order:		Title:	
		athority of Order (Citation of Code):			
		ate of Order (MM/DD/YY):			ordered to Begin
XV.		y Renovation (Attach separate sheet with the followate and Hour of the Emergency:	ving information	if project is Emergency	Renovation.)
		escription of the Sudden, Unexpected Event:			
		eplanation of how the event caused unsafe conditions	or equipment da	mage or an unreasonab	le financial burden
		I common production of the common production o		ge or an ameasonas	To manifelat ourden.
XVI.	Descriptio	n of procedures to be followed in the event that up pulverized, or reduced to powder.	nexpected RAC	M is found or non-fria	able ACM becomes
	ontainme	nt, negative air filtration, wet removal,			•
XVII.	I certify th	nat an individual trained in the provisions of NESH	IAP (40 CFR PA	RT 61, SUBPART M) will be on -site during the
	a	Demolition or Renovation, and evidence that the re yailable during normal business hours.	quired training	has been accomplished	d by this person will be
	(1)			100 S 400 V	
	1	Signature of Oursell	02/19/21	Peter Grande	
		Signature of Owner/Operator	Date	Type or Prii	nt Name and Title
хуш.	I acknowle	edge the existence of laws prohibiting the submiss ontained in this notification are true, accurate, an	ion of false or m d complete.	isleading statements,	and I certify that facts
	(V1	D 00, 08 0	02/19/21	Poter Cranda	
		Signature of Owner/Operator	Date	Peter Grande Type or Pri	nt Name and Title
		Company of Property of Propert	_ =====================================	- Jpc 0. 11h	THE PARTY OF THE P

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

March 10, 2021

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project #	Postmark		Date Received		Notification #					
, I. Type of Notification (check of	ne):	riginal	Revised	Cance	eled	*				
II. Facility Description Building Name: TANK 9414										
Address: 679 COURT STREET	Address: 679 COURT STREET									
City: BROOKLYN	Eity: BROOKLYN State: NY Zip Code: 11231 County: BROOKLYN									
Site Location : EXTERIOR										
Building Size (square feet): # of Floors: 1 Age in Years: 50										
Present Use: COMMERCIAL Prior Use:										
III. Type of Operation (check one): 🗹 Demo 🗌 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire Training										
IV. Is Asbestos Present? (check one): Ves No										
V. Facility Information										
Owner Name: BUCKEYE		-IVE TEK F	PARK							
Address: 9999 HAMILTO City: BREINIGSVILLE			D.A.							
, <u> </u>	DV CD		State: PA	Zip	Code: 18031					
Contact: GREGORY PET				-4401	Fax:					
Removal Contractor Name Address: 3010 BURNS A		ROL, INC.	<u> </u>							
- WANTAGU			G NV	7.	G 1 11702					
Contact: PETER GRAND				Zip		2005				
Other Operator (demolitio										
Address: City:					Code					
Contact:										
VI. Procedure, including analytic Category I and Category II n		oyed to dete	ct the presence of a	and to estimate th	e quantity of RA	CM and				
P/M SAMPLING										
			THE CHAIN LINE							
VII. Approximate Amount of Asbestos Materials:										
VII. Approximate Amount of Asb	stos Materiais:					dhe				
VII. Approximate Amount of Asb	RACM to be	Removed	Non-friable Asbe to be Rer		Non-friable Asl NOT to be					
VII. Approximate Amount of Asb		Removed								
VII. Approximate Amount of Asb Pipes (linear feet)		Removed	to be Rer	noved	NOT to be	Removed				
			to be Rer	noved	NOT to be	Removed				
Pipes (linear feet)	RACM to be		to be Rer	noved	NOT to be	Removed				
Pipes (linear feet) Surface Area (square feet)	RACM to be		to be Rer	noved	NOT to be	Removed				
Pipes (linear feet) Surface Area (square feet) Facility Components (cubic feet)	RACM to be 686 or Renovation:		to be Rer	Category II	NOT to be	Removed				
Pipes (linear feet) Surface Area (square feet) Facility Components (cubic feet) VIII. Scheduled Dates Demolition	RACM to be 686 or Renovation:	Start:	to be Rer Category I	Category II Complete:	NOT to be Category I	Removed				

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demor renovation techniques to be used and description of affected facility components:	olition
XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbesto removal and waste handling emission control procedures:	3
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup	
XII. Waste Transporter #1	
Name: CARDELLA TRUCKING CO., INC.	
Address: 2400 TONNELLE AVENUE	
City: NORTH BERGEN State: NJ Zip Code: 07047	
Contact: Telephone: (201)867-7276	
Waste Transporter #2	
Name:	_
Address:	
City: State: Zip Code:	
Contact: Telephone: ()	
XIII. Waste Disposal	
Name: WASTE MANAGEMENT - FAIRLESS LANDFILL	
Address: 1000 BORDENTOWN ROAD	
City: MORRISVILLE State: PA Zip Code: 19067	
Contact: Telephone: (800) 963-4776	
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)	
 Attach a copy of the Order to this notice. Name of Authority Issuing Order: Title: 	
 Name of Authority Issuing Order: Title: Authority of Order (Citation of Code): 	
4. Date of Order (MM/DD/YY): Date Ordered to Begin	
XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	
1. Date and Hour of the Emergency:	
2. Description of the Sudden, Unexpected Event:	
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.	
XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup	
XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site due to Demolition or Renovation, and evidence that the required training has been accomplished by this person will	
available during normal business hours.	
O3/10/21 Peter Grande	
Signature of Owner/Operator Date Type or Print Name and Title	
XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that for	cts
XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that factorized in this notification are true, accurate, and complete.	icts
	icts

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

January 14, 2021

1 1 W. T.

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project #		Postmark		Date Received		Notification #			
I. Type of Notif	ication (check	one):	riginal	Revised	Canc	eled			
	II. Facility Description Building Name: WAREHOUSE FUELING STATION								
Address: 728 CO	Address: 728 COURT STREET								
City: BROOKLYN	City: BROOKLYN State: NY Zip Code: 11231 County: BROOKLYN								
Site Location: ROOF									
Building Size (square feet): # of Floors: 1 Age in Years: 50									
Present Use: COMMERCIAL Prior Use:									
III. Type of Open	III. Type of Operation (check one): 🗹 Demo 🗌 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire Training								
IV. Is Asbestos P	IV. Is Asbestos Present? (check one): Ves No								
V. Facility Inf		E TEDMINAL O	-n /c / -	MARK					
		E TERMINALS, I	-IVE LEK F	PARK					
-	999 HAMILTO			DA.		40004			
					Zip				
					4-4401	Fax:			
	ontractor Nan 010 BURNS	ne: FIBER CONT	ROL, INC.	1					
City: WAI	and the same of th			G NV	7.	G 1 11702			
-)F			Zip		2095		
						Colo			
					Ziŗ				
		ical methods, empl non-friable ACM:	oyed to dete	ct the presence o	f and to estimate th	e quantity of RA	CM and		
P/M SAMPLING									
VII. Approximate	Amount of As	bestos Materials:							
		RACM to be	Removed		bestos Material emoved	Non-friable Ast NOT to be			
				Category I	Category II	Category I	Category II		
Pipes (linear feet)									
Surface Area (square	feet)	180	0						
Facility Components	(cubic feet)								
VIII. Scheduled Da	tes Demolition	or Renovation:	Start:		Complete:	•			
IX. Dates for Ash	estos Remova	l (MM/DD/YY)	Start: 0	1/21/21	Complete:	01/20/22			
Days of the Week:	Monday	Tuesday	Wednesda		Friday	Saturday	Sunday		
Hours of Operation:	7AM-3:30P	M 7AM-3:30PM	7AM-3:30I	-					

X.	Description or renova	on of planned Demolition or Renovation work to b ation techniques to be used and description of affe	e performed and cted facility com	d method(s) to be empl ponent s:	loyed, including demolition
XI.	Description removal a	on of work practices and engineering controls to be and waste handling emission control procedures:	e used to comply	with the requirement	ts, including asbestos
Full contai	nment, negativ	e air filtration, wet removal, wet cleaning, HEPA vacuum cleanup)		
XII.	Waste Tra	ansporter #1			
	Name:	CARDELLA TRUCKING CO., INC.			
	Address:	2400 TONNELLE AVENUE			
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047
	Contact:		Telephone:	(201)867-7276	
ч		ansporter #2			
	Name:				15-10-10-10-10-10-10-10-10-10-10-10-10-10-
	Address:			***	
	City:		State:		Zip Code:
VIII	Contact:	,	Telephone:	()	
XIII.	Waste Dis				
	Name:	110 SAND COMPANY CLEAN FILL DISPOS	SAL SITE		
	Address:	136 BETHPAGE- SPAGNOLI ROAD	Cu		
	City:	MELVILLE	State:	-	Zip Code: 11747
W78W7	Contact:				
XIV.		ey Demolition (complete Item XIV only if this project ttach a copy of the Order to this notice.	t is an Emergency	y Demo.)	
		ame of Authority Issuing Order:		Title:	
		uthority of Order (Citation of Code):		Title.	
		ate of Order (MM/DD/YY):		Date C	Ordered to Begin
XV.	Emergenc	y Renovation (Attach separate sheet with the follow	ving information		9
	1. Da	ate and Hour of the Emergency:			and the second s
		escription of the Sudden, Unexpected Event:			
	3. Ex	xplanation of how the event caused unsafe conditions	or equipment da	mage or an unreasonab	le financial burden.
XVI.	Description		· I D i Ci		
AVI.	crumbled,	on of procedures to be followed in the event that up pulverized, or reduced to powder.	nexpected KAC	M is found or non-tria	able ACM becomes
	ontainme	nt, negative air filtration, wet removal,			•
XVII.	I certify th	nat an individual trained in the provisions of NESH	IAP (40 CFR PA	RT 61, SUBPART M) will be on -site during the
	a	Demolition or Renovation, and evidence that the re vailable during normal business hours.	quired training	has been accomplished	d by this person will be
	(V	Condo	244404	2 - 2	
-	()	Signature of Owner/Operator	01/14/21	Peter Grande	A Maria and Trial
	<u> </u>	•	Date		nt Name and Title
XVIII.	I acknowle	edge the existence of laws prohibiting the submiss ontained in this notification are true, accurate, an	ion of false or m	isleading statements,	and I certify that facts
	(1)	Manieu in tins nouncation are true, accur ate, and	a complete.		
-	#	O aure	01/14/21	Peter Grande	
	V	Signature of Owner/Operator	Date	Type or Pri	nt Name and Title

3010 Burns Avenue Wantagh, NY 11793-3296 Tel:(516)781-3000 Fax:(516)781-3085 www.actionhazmat.com

February 22, 2021

-F-E-3

United States Environmental Protection Agency Air Compliance Branch 290 Broadway; 21st Floor New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal Project Administrator

Operator Project #	F	ostmark		Da	ate Received			Notification #		
I. Type of Notifi	cation (check o	ne): O	riginal		✓ Revised		Cance	eled		
	II. Facility Description Building Name: WAREHOUSE FUELING STATION									
Address: 728 COU	Address: 728 COURT STREET									
City: BROOKLYN	City: BROOKLYN State: NY Zip Code: 11231 County: BROOKLYN									
Site Location : ROOF										
Building Size (square feet): # of Floors: Age in Years:										
Present Use: COMMERCIAL Prior Use:										
III. Type of Operation (check one): 🗹 Demo 🗌 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire Training										
IV. Is Asbestos Pr	resent? (check	one): 🗹 Yes	☐ No							
V. Facility Info										
		TERMINALS, F	IVE TEK F	PARI	<					
	99 HAMILTO									
	INIGSVILLE							Code: 18031		
		RY SR.			e: (<u>610)</u> 904	I-44	101	Fax:		
		: FIBER CONT	ROL, INC.	i.		_				
	Address: 3010 BURNS AVENUE									
City: WAN								Code: 11793		
		Ξ							3085	
Other Opera	ator (demolitio	n/general):			=					
Contact:			Telep	phone	e: ()			Fax:		
		al methods, empl	oyed to dete	ct th	e presence of	and	l to estimate th	e quantity of RA	CM and	
P/M SAMPLING		on-friable ACM:								
F/IVI SAIVIFLING								1		
VII. Approximate	Amount of Asb	estos Materials:							No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
				No	on-friable Asb	esto	os Material	Non-friable Ast		
		RACM to be	Removed		to be Re	emov	ved	NOT to be	Removed	
				C	Category I	(Category II	Category I	Category II	
Pipes (linear feet)										
Surface Area (square	feet)	1823	3							
Facility Components	(cubic feet)									
VIII. Scheduled Da	tes Demolition	or Renovation:	Start:				Complete:			
IX. Dates for Asb	estos Removal	(MM/DD/YY)	Start: 0)1/21	1/21		Complete:	01/20/22		
Days of the Week:	Monday	Tuesday	Wednesda	ay	Thursday		Friday	Saturday	Sunday	
Hours of Operation:	7AM-3:30PN	7AM-3:30PM	7AM-3:30	РМ	7AM-3:30P	M	7AM-3:30PM	1		

X.		on of planned Demolition or Renovation work to be tion techniques to be used and description of affect			oyed, including demolition
XI.		on of work practices and engineering controls to be nd waste handling emission control procedures:	used to comply	with the requirement	s, including asbestos
Full contai	nment, negativ	e air filtration, wet removal, wet cleaning, HEPA vacuum cleanup			
XII.	Waste Tra	ansporter #1			
	Name:	CARDELLA TRUCKING CO., INC.			
	Address:	2400 TONNELLE AVENUE			
	City:	NORTH BERGEN	State:	NJ	Zip Code: 07047
	Contact:		Telephone:	(201)867-7276	
	Waste Tra	ansporter #2			
	Name:				
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	()	
XIII.	Waste Dis	sposal			
	Name:	WASTE MANAGEMENT - FAIRLESS LANDI	FILL		
	Address:	1000 BORDENTOWN ROAD			
	City:	MORRISVILLE	State:	PA	Zip Code: 19067
	Contact:		Telephone:	(800) 963-4776	
XIV.		y Demolition (complete Item XIV only if this project	is an Emergenc	y Demo.)	
		ttach a copy of the Order to this notice.			
		ame of Authority Issuing Order:		Title:	
		uthority of Order (Citation of Code):	V	Data O	undamad ta Danis
N/X/		ate of Order (MM/DD/YY):	in a information		rdered to Begin
XV.	_	cy Renovation (Attach separate sheet with the following ate and Hour of the Emergency:	ing information	if project is Emergency	Renovation.)
		escription of the Sudden, Unexpected Event:			
		explanation of how the event caused unsafe conditions	or equipment da	mage or an unreasonab	le financial burden.
XVI.		on of procedures to be followed in the event that un , pulverized, or reduced to powder.	expected RAC	M is found or non-fria	ible ACM becomes
		nt, negative air filtration, wet removal,			
XVII.	I	hat an individual trained in the provisions of NESH Demolition or Renovation, and evidence that the recovaliable during normal business hours.			9
	()	Mande	02/22/21	Peter Grande	
1		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title
хуш.		edge the existence of laws prohibiting the submissi		nisleading statements,	and I certify that facts
		contained in this notification are true, accurate, and			
	17 (Day of o	02/22/21	Peter Grande	
9	V _	Signature of Owner/Operator	Date	_	nt Name and Title

Operator Project #	Postmark		Date Received		Notification #			
I. Type of Notification (O=Original F	R=Revised C=Cand	celed) O						
II. FACILITY INFORMATION (Identif	y owner, removal	contractor, and o	ther operator)					
OWNER NAME: Buckeye Partner	rs LP							
Address: 9999 Hamilton Blvd				•				
City: Breinigsville		State: PA	1	zip: 18031				
Contact: RyanTaylor Tel: 570-768-1228								
REMOVAL CONTRACTOR: N/A - Previously Abated								
Address:	Address:							
City:		State:		Zip:	,			
Contact:				Tel:				
OTHER OPERATOR: Brandenburg	Industrial Serv	rice Company						
Address: 2217 Spillman Drive								
City: Bethlehem		State: PA	\	zip: 18015				
Contact: Stephen Carne		-11	-11-11-11-11-11-11-11-11-11-11-11-11-11	Tel: 484-550-99	50			
III. TYPE OF OPERATION (D=Demo	O= Ordered Demo	R=Renovation E	=Emer. Renovati	on) D				
IV. IS ASBESTOS PRESENT? (Yes/No) No - Previously Abated								
V. FACILITY DESCRIPTION (Include								
Bldg. Name: Buckeye Terminal C	Dil Storage tank	s (5), office, wa	arehouse, elec	trical sub and boil	er room			
Address: 722 Court Street				_				
City: Brooklyn		State: NY		County:				
Site Location: Entire Site at above	e address							
Building Size: Various tanks/stru	ctures	# of Floor	# of Floors: Various Age in Years: 40					
Present Use: Abandoned		Prior Use	Prior Use: Oil Storage Terminal					
VI. PROCEDURE, INCLUDING ANAL						MATERIAL:		
Survey performed, sample	es analyzed b	y PLM/TEM	I. ACM mate	rials previously	y abated			
VII. APPROXIMATE AMOUNT OF AS	BESTOS			riable estos		er util		
INCLUDING:	220100	RACM	Mater	ial Not		e Unit of		
1. Regulated ACM to be Rem		To Be Removed	10 Be R	Removed	Measuren	nent Below		
 Category I ACM Not Remo Category II ACM Not Remo 			Category I	Category II	U	NIT		
Pipes		N/A			LnFt:	Ln M:		
Surface Area					SqFt:	Sq M:		
Vol RACM Off Facility Component					CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTO	VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 0 Complete:							
IX. SCHEDULED DATES DEMO/REN	OVATION (MM/DD	/YY) Start: 01/2	5/2021		Complete: 06/2	25/2021		

	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demo will be by mechanical means. Scrap and debris will be disposed of/recycled.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE: N/A - Asbestos previously abated	NG CONTRO)LS TO BE USED	TO PREVE	NT EMISSIONS OF ASBESTOS AT THE				
XII. WASTE TRANSPORTER #1								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:			Tel:					
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:			Tel:					
XIII. WASTE DISPOSAL SITE								
Name:								
Address:	1			-				
City:	State:		Zip:					
Tel:								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE	E IDENTIFY THE	AGENCY BI	ELOW:				
Name:		Title:						
Authority:								
Date of Order (MM/DD/YY):		Date Ordered to	Begin (MN	M/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS:								
Date and Hour of Emergency (MM/DD/YY):								
Description of the sudden unexpected event:								
Explanation of how the event caused unsafe conditions or v	would cause	equipment dama	age or an u	nreasonable financial burden:				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE	D, PULVERI	IZED, OR REDUC	ED TO POV	NDER:				
Work will cease, amended water will be applied to the mate	erial in ques	ition and a samp	le will be ta	iken for analysis by PLM/TEM.				
SITE DURING THE DEMOLITION OR RENOVATION, AND EV	XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.							
St lace				01/08/2021				
(Signature of Owner/Operator)				(Date)				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORR	ECT:							
11 /				04/09/2024				
It am	_			01/08/2021				
(Signature of Owner/Operator) (Date)								